

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000019902 ✓  
1. Entity Name  
CONTINENTAL SERVICES INTERNATIONAL INC.

FILED  
Jun 07, 2000 8:00 am  
Secretary of State  
06-07-2000 90004 019 \*\*\*158.75

Principal Place of Business  
85 GRAND CANAL DR.  
# 106  
MIAMI, FL - 33144  
Mailing Address  
85 GRAND CANAL DR.  
# 106  
MIAMI, FL - 33144

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip  
Country  
3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip  
Country

4. FEI Number  
65-0379867  
Applied For  
Not Applicable  
5. Certificate of Status Desired  
X  
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
SERGIO WONG  
1201 S.W. 21 AVE  
MIAMI, FL - 33135  
7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL  
Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  
SIGNATURE X  
Signature, typed or printed name of registered agent and title if applicable.  
(NOTE: Registered Agent signature required when reinstating)  
DATE 04/28/00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back) X  
FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2000 Fee will be \$550.00  
Make Check Payable to Department of State  
10. Election Campaign Financing  
Trust Fund Contribution.  
\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SERGIO WONG		NAME		
STREET ADDRESS	1201 S.W. 21 AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL - 33135		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.  
SIGNATURE: X  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
04/28/00  
Date  
(305) 975-3797  
Daytime Phone #